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# Students' and Mentors' Understandings of Fitness to Practice Processes in Pre-Registration Nursing Programmes in Scotland: 'These Terrifying Three Words'.

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# Students' and Mentors' Understandings of Fitness to Practise Processes in Pre- Registration Nursing Programmes in Scotland:

## *“These terrifying three words”*

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Report to NHS Education for Scotland

**March 2015**

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## Contents

Glossary of Acronyms and Standardised Terms.....	2
Executive Summary.....	3
Recommendations.....	5
Part One: Introduction and Background .....	7
1 Introduction.....	7
2 Background.....	7
2.1.1 Up-Dated Literature Review.....	8
3 Data Collection and Analysis.....	8
3.1 Anonymity and Confidentiality.....	9
Part Two: Findings.....	10
4 Introduction.....	10
5 Conceptualising <i>Fitness to Practise</i> .....	10
5.1 Fear and Anxiety .....	11
5.2 Learning about FtP .....	12
5.2.2 Personal Experiences of FtP .....	14
5.2.3 Declaring Good Health and Good Character .....	15
5.3 Self-Awareness and Personal Responsibility.....	18
5.4 The Benefits and Importance of FtP .....	19
6 Assessing and Evaluating FtP.....	20
6.1 Disability Discrimination .....	21
6.2 FtP Processes: Identifying and raising concerns .....	24
6.2.1 The Mentor Perspective .....	24
6.2.2 The Student Perspective.....	26
7 Improving FtP Processes.....	27
7.1 The Role of the HEI .....	28
7.2 The Role of the Mentor .....	29
8 Conclusion .....	29
Recommendations.....	32
9 References.....	34
Appendix 1.....	35
Appendix 2.....	37

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## Glossary of Acronyms and Standardised Terms

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### **Acronyms**

FtP	Fitness to Practise
HEI	Higher Education Institute
NES	NHS Education for Scotland
NMC	Nursing and Midwifery Council
PEF	Practice Education Facilitator
SCEPRN	Scottish Collaboration for the Enhancement of Pre-Registration Nursing

### **Standardised Terms**

As HEIs in Scotland use distinctive terms to refer to academic roles and procedures we have standardised these in the data extracts in order to preserve the anonymity of participants.

Personal Tutor	Member of academic staff responsible for individual student's pastoral support.
Liaison Lecturer	Member of academic staff who oversees individual student's Clinical learning environment and may visit students in clinical areas.

## Executive Summary

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### The Purpose of the Project

This project was carried out in order to explore pre-registration nursing students' and nursing mentors' understandings of fitness to practise (FtP) processes in pre-registration nursing programmes in Scotland. The project builds on the findings of the previous SCEPRN/NES funded project "*Identifying Good Practice in Fitness to Practise Processes in Higher Education Institutes in Scotland*" (Haycock-Stuart et al., 2014). Ensuring the protection of the public through robust FtP processes is an important aspect of pre-registration nursing education and Nursing and Midwifery Council (NMC) monitoring processes. Through identifying key issues around students' and mentors' understandings of FtP processes, this timely project contributes to the development of a robust evidence base for pre-registration nursing FtP processes, provides guidance to HEIs around the development of FtP processes and teaching about FtP, and also highlights areas which require further research.

### Methods

The review of the 2004-2014 literature conducted by Haycock-Stuart et al. (2014) was updated, revealing that there is little new literature to add to the original review, and FtP for pre-registration nursing students remains an under researched area. The project collected data through interviews and focus groups with nursing students and mentors based in HEIs and health boards across Scotland (n=38). Ethical approval was sought and obtained from the Principal Investigator's HEI, and evidence of this supplied to all the institutions involved, appropriate approvals were also sought from the relevant health boards.

Interview and focus group data were thematically analysed, and issues were identified in three main areas: *Conceptualising Fitness to Practise; Assessing and Evaluating FtP; and Improving FtP Processes*. The findings of the project were used to develop seven recommendations to support the development of good practice in FtP processes, and the education of nursing students and mentors around FtP. A limitation of the study is that it did not reach data saturation. New themes emerged continuously throughout the period of data collection, and some themes were unique to particular groups of participants.

### Findings and Conclusions

The findings of this inquiry highlight six key issues around nursing students' and mentors' understandings of FtP processes for pre-registration nursing students. These include:

1. Uncertainty and ambiguity about the concept of FtP, and FtP processes
2. High levels of fear and anxiety associated with FtP processes
3. A lack of understanding of pre-registration FtP as supporting students' professional development
4. The need for improved communication between HEIs, mentors, and students
5. Uncertainty about disability rights, discriminatory attitudes and lack of support for reasonable adjustments
6. The role of students in raising concerns about other practitioners' FtP.

This is a highly complex area, which touches upon a number of important related issues. The fact that the study did not reach data saturation highlights the breadth and the complexity of the topic under investigation, and the need for further inquiry in this area to develop a more comprehensive evidence base.

## Students' and Mentors' Understandings of Fitness to Practise Processes in Pre-Registration Nursing Programmes in Scotland

This report concludes that there are some significant issues around how well nursing students and mentors understand pre-registration FtP processes, as well as important related issues around disability discrimination and the role of students as whistle-blowers. There is an opportunity for HEIs to take positive action to better educate students and mentors about FtP processes, to reduce the high levels of anxiety and fear around FtP, to promote positive attitudes around disability, and to better educate and support students in acting as whistle-blowers.

## Recommendations

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### **Recommendation 1      Re-Frame Pre-Registration FtP as a Learning Experience for Students**

HEIs should take action to re-frame the meaning of FtP from a perceived punitive process to a process with the potential to be supportive for nursing students. Reinforce to students that they are fit to practise the majority of the time, and reduce the negative emotional loading of FtP.

### **Recommendation 2      Facilitating Learning through Fitness to Practise Processes**

In order to encourage individuals to raise FtP concerns at an early stage, and make FtP processes a more productive learning experience for the student, HEIs may wish to consider developing a 'no-fault' method through which minor FtP concerns can be raised and addressed in a non-punitive way.

### **Recommendation 3      Improving Communication between Mentors and HEIs**

HEIs should ensure that there are clear lines of communication between mentors and academic members of staff. Issues to consider include: processes for mentors to discuss minor concerns with an HEI representative, how HEIs inform mentors about FtP procedures, and how the outcomes of FtP processes are communicated to mentors.

### **Recommendation 4      Reducing Discrimination and Stigma**

HEIs can reduce actual discrimination and felt stigma by working closely with students and learning environments to ensure that policy and processes for FtP and health are clear and well understood. Issues to consider include the concealment of health conditions due to fear of discrimination and the making of reasonable adjustments to support students in their placements. HEIs may wish to consider instituting formal teaching for both students and mentors to explain the legal framework of disability rights, and their own processes for addressing health concerns.

### **Recommendation 5      Improving Teaching about FtP**

HEIs should review their formal curriculum teaching about FtP, with a view to making improvements in students' and mentors' understandings of FtP processes in pre-registration nursing education.

**Recommendation 6                      Reviewing Reasonable Adjustment Processes**

HEIs should review their processes for making reasonable adjustments to ensure that reasonable adjustments are being fully considered and implemented in line with disability rights legislation.

**Recommendation 7                      Supporting Students as Whistle-blowers**

Evidence presented here shows that further work needs to be undertaken with pre-registration students to explain the importance of whistleblowing, their role as students, and to address impediments to raising concerns about practice, and how they can gain support with whistleblowing. In light of the findings of this study, and the recent publication of the independent review into whistleblowing (Francis, 2015), HEIs may wish to review their processes for supporting students as whistle-blowers.



# Part One: Introduction and Background

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## 1 Introduction

The aim of this project is to explore students' and mentor's understandings of fitness to practise (FtP) processes in pre-registration nursing programmes in Scotland. This project builds on the findings of the previous SCEPRN/NES<sup>1</sup> funded project "Identifying Good Practice in Fitness to Practise Processes in Higher Education Institutes in Scotland" (Haycock-Stuart et al., 2014).

Ensuring the protection of the public is a key aspect of pre-registration nursing education and Nursing and Midwifery Council (NMC) monitoring processes. This project aims to explore how well pre-registration nursing students and nursing mentors understand FtP processes in pre-registration nursing programmes, and compares and contrasts the understandings of these two groups. This timely project addresses the current NMC monitoring risk priority to ensure robust FtP processes in pre-registration nursing education, and the concerns of other health and social care regulators, such as the General Medical Council, who are consulting on changes in FtP for medical staff.

The findings of this study build upon the evidence base created by Haycock-Stuart et al. (2014), gaining knowledge from the individuals who are most likely to be affected by FtP processes: nursing students and mentors. This contributes to a more comprehensive understanding of FtP in approved pre-registration nursing programmes by exploring how students and mentors conceptualise FtP within pre-registration nursing education, and their views on the policies and processes developed by the Scottish Higher Education Institutes (HEIs).

The study has up-dated the review of relevant literature carried out by Haycock-Stuart et al. (2014), and collected data through interviews (n = 4), and focus groups (n = 6) with 17 nursing students and 18 mentors across Scotland (Total n = 35). Ethical approval was sought and obtained from the principal investigator's HEI, and evidence of this supplied to all the HEIs involved, some HEIs also sought ethical approval from within their own HEI. Research and development approval was sought from the relevant Health Boards of the mentors.

In Section 2 of this report we summarise the findings of Haycock-Stuart et al.'s (2014) previous study, and up-date the literature review. In Section 3 we describe the process of data collection and analysis. In Part Two we discuss the project findings in terms of issues identified in three major areas: *Conceptualising Fitness to Practise*; *Assessing and Evaluating FtP*; and *Improving FtP Processes*. Finally we make seven recommendations drawn from this study.

## 2 Background

For the previous SCEPRN/NES funded project "Identifying Good Practice in Fitness to Practise Processes in Higher Education Institutes in Scotland", Haycock-Stuart et al. (2014)

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<sup>1</sup> Scottish Collaboration For The Enhancement Of Pre-Registration Nursing / NHS Education for Scotland

conducted semi-structured interviews with representatives from nine of the eleven Scottish HEIs which provide pre-registration nursing programmes, in order to identify and share good and best practise in FtP processes for pre-registration nursing student programmes.

The study identified examples of good practice occurring in HEIs including the development of HEI expertise around FtP; the use of staged processes and graduated outcomes; the incorporation of teaching about FtP into nursing programmes; positive attitudes around health and disability; and collaborative decision making. However the study also identified areas of FtP processes which required further development. These included better provision for student support; the creation of consistent, equitable and auditable FtP processes; and the creation of a more robust evidence base for FtP processes (Haycock-Stuart et al., 2014). The study also indicated the need for a greater understanding of student and mentor perspectives on FtP processes.

### 2.1.1 Up-Dated Literature Review

A review of the 2004-2014 literature conducted by Haycock-Stuart et al. (2014), identified that there was little empirical published research on FtP processes for pre-registration nursing students. Much of the existing literature on FtP and health and social care students focused on medical students, and there was a preponderance of literature reviews and descriptive or discursive papers. The literature on FtP for registered nurses also consisted largely of discussion papers. Haycock-Stuart et al (2014) also identified that there is a large policy literature relating to FtP and the regulation of health and social care practitioners, although standards, advice and guidance on FtP for health and social care students vary as to the detail, and the degree to which responsibility for FtP processes is devolved to HEIs (Haycock-Stuart et al., 2014).

A search of the relevant literature reveals that there is little to add to Haycock-Stuart et al.'s original review. We have identified two further discussion papers as contributing to the field. The first addresses a legal framework for the use of social networking sites (although for registered nurses rather than students) (Griffith, 2012), the second describes an example of collaborative practice around FtP for nursing students (Kirk, 2013). However we have been unable to identify any new research papers published since March 2014.

FtP processes for pre-registration nursing students therefore continues to be an under-researched area which will benefit from greater understanding and a more robust evidence base.

## 3 Data Collection and Analysis

Between October 2014 and January 2015 contact was made with the eleven HEIs which provide pre-registration nursing programmes in Scotland. Ethical approval was sought and obtained from the principal investigator's HEI, and evidence of this supplied to all the HEIs involved. Some HEIs required further ethical approval from within their own institution.

Between December 2014 and February 2015, the study information sheet was widely advertised through nine HEI contacts to pre-registration nursing students in Aberdeen, Dundee, Edinburgh, Glasgow, Stirling and to Open University students across Scotland.

However, difficulties were encountered in recruiting participants. Through discussion with academic contacts at the HEIs, the researchers concluded that difficulties in recruitment were attributable to a combination of factors including: the high research demand co-currently placed on students (e.g. National Student Survey); competing teaching and placement schedules; and the Christmas break, which occurred during the recruitment phase.

The study was also widely advertised to nursing mentors in the Lothian, Forth Valley, Grampian, and Greater Glasgow and Clyde Health Boards. Again, there were difficulties in recruiting participants. This was despite the fact that when the researchers were able to discuss the study with nursing mentors there was a great deal of interest in the topic. We tentatively conclude that difficulties in recruiting mentors for focus groups or interviews may be attributable to the short life of the project, which was further limited by the time taken to pass through institutional ethics and clinical effectiveness processes at multiple sites.

Data collection was carried out subsequent to ethical approval between January and March 2015. Semi-structured focus groups ( $n = 6$ ) and interviews ( $n = 4$ ) were conducted with a total of 35 participants (17 pre-registration nursing students and 18 nursing mentors). Students were recruited from areas around Dundee, Edinburgh, Glasgow and Stirling. Mentors were recruited from areas Lothian and Forth Valley Health Boards. The demographic characteristics of the sample are presented in Tables 1 and 2 (Appendix 1). After written consent was obtained from each participant the interviews and focus groups were digitally audio recorded and the data then transcribed.

A thematic analysis of the focus group and interview data was conducted, using NVivo 10 to store and manage the data. Data gathered from students and mentors were analysed separately, and the analytic themes were then compared and contrasted between the two datasets. See Table 3 (Appendix 2) for a comparison of the themes drawn from the two groups.

The initial aim of the study was to collect data through focus groups, and we found this offered an appropriate and productive method of data collection (although recruitment difficulties meant that we also conducted some interviews). The focus groups produced interesting discussions among the participants, and highlighted areas of ambiguity, and differences of opinion. At the same time, interviews offered the opportunity for students in particular to share more personal information about their experiences of FtP processes.

A limitation of the findings is that the study did not reach the point of data saturation. New themes emerged continuously throughout the period of data collection, and some themes were unique to particular groups of participants, suggesting that this topic would benefit from further research and the findings should be considered with these recognised limitations.

### 3.1 Anonymity and Confidentiality

Given the sensitive nature of the topic under investigation, care has been taken to preserve the anonymity of participants so that no individual or institution can be identified. To this end we have standardised certain terms used in data extracts including: gender neutral terminology; standardised terms such as 'personal tutor'. We have also anonymised the location of individual participants. Please see the Glossary for a list of standardised terms.

## Part Two: Findings

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### 4 Introduction

Part Two of this report presents the project findings, organised under three main headings: *Conceptualising Fitness to Practise; Assessing and Evaluating FtP; and Improving FtP Processes*. These headings bring together major themes from the student and mentor data, and within each section we compare and contrast understandings which have emerged from the different datasets.

### 5 Conceptualising *Fitness to Practise*

The NMC (2011: 5) states that “being fit to practise means having the skills, knowledge, good health and good character to do your job safely and effectively”. FtP is therefore presented as a multi-faceted quality, and the students and mentors in this study showed an understanding of FtP as comprising different factors. For example, in this extract from a mentors' focus group, participants associated various factors with FtP:

- M8: *Physical health came to mind at first, physical ability, that's the first thing that came to mind.*  
M9: *Safety for me. Feeling safe leaving the student helping somebody.*  
M10: *And I think knowledge and practice, knowledge of practice*  
M11: *And competence I suppose.*

Participants readily associated health, conduct, personality, knowledge and competence with FtP, but to different degrees. Overall students gave greater emphasis to health and conduct, while mentors placed greater importance on competence (which was only identified by one of the student focus groups), and on motivation (while students discussed the related concept of ‘vocation’). Further discussion revealed the complexity of FtP and its associated factors, and it was clear that although the participants engaged well with this complexity, there was also considerable ambiguity and uncertainty about the concept of FtP. In this respect the focus group discussions in particular revealed differences in the ways the participants conceptualised FtP and its supporting constructs as can be seen below, where a student challenges a colleague's conceptualisation:

- Interviewer: *What do good health and good character mean?*
- S5: *Don't be dour-faced... I know it would be hard if you're depressed and things and you're a nurse, but paint a smile on...*
- S6: *That wouldn't be my interpretation of good character. I would say it's more like acting with integrity, honesty, not lying, that kind of thing. Rather than what you're perceived to be.*

Students could be tentative when conceptualising FtP, regarding it as a somewhat subjective term, and often emphasising that their understanding of FtP might not be the same as others' understandings.

*"It is hard to know what fitness to practise means, and it means different things to different people, and my idea of fitness to practise is going to be very different to someone else's" (S1)*

*"What I think would be good character might not be the same as what everyone else thinks" (S13)*

The perceived subjective nature of FtP was evident in both student and mentor data, but the students articulated greater uncertainty around what FtP is and how to articulate it.

*"I feel a bit vague about it" (S17)*

It seems likely that students' uncertainty around the meaning of FtP, and lack of knowledge about FtP processes (discussed in Section 5) may increase the high level of negative feeling about fitness to practise, which emerges as one of the major findings of this study. We shall therefore begin by exploring this negative loading of FtP, as contextualising student participants' understandings of FtP processes.

## 5.1 Fear and Anxiety

Existing literature on pre-registration nursing FtP has identified that students may experience anxiety when involved with FtP processes (Ellis et al., 2011), and that there is a degree of fear and felt stigma among students who have health conditions (Devereux et al., 2012), but the present study has uncovered an unexpected degree of fear and anxiety surrounding FtP processes.

While FtP processes arguably should not be anxiety-free, because protection of the public and the FtP of nurses is a serious matter, students in this study expressed an intensity of anxiety which seems counterproductive when addressing FtP for individuals who are in the process of professional development. A significant theme emerging from the data collected is around the emotional loading of FtP,

For both students and mentors, FtP was associated with negative emotions, but this was particularly the case for students, who often used highly emotional language when talking about FtP:

*"These terrifying three words that put the fear of God into any of us" (S15)*

FtP and HEI processes were consistently associated with blame and punishment, and students described experiencing intense anxiety and fear in connection with FtP processes:

*"I remember [the lecturer] walking into the ward for a cause for concern, and the first thing that they said was 'who's done something wrong?' So, it's like if someone's walking in from the uni, someone's done something. And everyone was so nervous, it was like 'is it me? Is it me? What have I done?'" (S11)*

Sadly, this perception of FtP appears to sometimes be reinforced by the approach taken by HEIs when teaching students about FtP and FtP processes, an approach which emphasises the punitive character of FtP processes and neglects the formative aspects:

*"It was presented to us as 'you do not want this to happen' scary business kind of thing"  
(S17)*

This negative loading of both the concept of FtP, and HEI FtP processes, has consequences in terms of placing a heavy emotional burden upon students, and it seems likely that this will discourage the honest and open acknowledgement of issues. Where a concern is raised around a student's FtP there is a tendency to think in catastrophic terms:

*"At the time [going to fitness to practise meeting] was terrifying. I felt like it was the end of the world, I was going to be kicked off the course" (S7)*

*"I think if someone had said to me at that point "do you think you're fit to practise?"... I think it would have crushed me" (S8)*

One student describes how a colleague didn't tell her HEI about difficulties in her personal life because she was afraid of being seen as not fit to practise:

*"I know someone who had someone close die and wasn't given an extension, [the student] didn't ask for one, but felt that they couldn't ask... [the student] didn't want to be seen to be struggling, because [they were] worried about the implications of fitness to practise"  
(S1)*

Students not only described anxiety about engaging in FtP processes, but also expressed experiencing shame around the idea that they might not be fit to practise. A student who had been through a formal FtP process described how, even though the process had been positive overall, and the student recognised its learning value, the student continues to experience shame around what happened:

*"[I went to counselling] because I didn't feel comfortable talking about it with anyone, and I still don't like to talk about it. I don't talk to any of my friends about it" (S7)*

The students' comments show that the emotional aspect of FtP processes should not be underestimated, and that there may be a far greater degree of widespread anxiety and fear about FtP processes than the current literature would suggest and recognised by HEIs. Some of the anxiety which students report experiencing around FtP may be unwarranted, and as two of the students who experienced FtP problems reflected, after actually going through such a process they realised that it wasn't as disastrous as they had expected. The HEI representatives interviewed by Haycock-Stuart et al. (2014) argued that where students were fearful of FtP processes this prevented the honest disclosure of issues, and the findings of the present study suggest that the fear, anxiety and shame associated with FtP not only places a considerable burden on students, but also inhibits students from identifying, acknowledging, pro-actively managing and gaining support with issues which may develop into FtP concerns, or even more serious issues which may compromise public safety.

## 5.2 Learning about FtP

Given the conceptualisation of FtP in such negative terms, how do students come to an understanding of FtP? Previous research has found that students lack knowledge about FtP (Devereux et al., 2012), and Haycock-Stuart et al. (2014) found that while HEIs had established processes for informing students about FtP, in some HEIs there was a sense that students still had an inadequate understanding of FtP processes, and the findings of this study

## Students' and Mentors' Understandings of Fitness to Practise Processes in Pre-Registration Nursing Programmes in Scotland

confirm that while students and mentors were aware of FtP processes, their understanding was patchy. For example, there was very little awareness of FtP processes as being staged for most of the HEIs as previously identified by Haycock-Stuart et al. (2014).

A few of the students described having some knowledge about FtP before entering their nursing programme. This could include direct experience of FtP through working in health or social care environments where FtP processes were in place, while for other students there was vague awareness or expectation that nurses are regulated in some way, or required to meet certain standards.

*"Before I even came into nursing you'd be watching the news, 'oh a nurse did this, a nurse did that', and then her Facebook picture would come up, and it's her out with her pals drinking" (S6)*

For most, pre-programme ideas or experiences did not appear to have much impact on the understandings which students later developed about FtP, and generally there was a view that little thought had been given to FtP prior to embarking on the nursing programme.

Once commenced on their programme, learning about FtP was a process which continued throughout their education, and which was influenced both by formal teaching and personal experiences. Some students could recall formal preparation about FtP, whilst others felt the preparation had been vague, and while most had an understanding of the concept of FtP, there was less understanding of their HEI's FtP processes:

*Throughout the course the expectations of us are clear, I think it's enshrined into our learning... but the actual [FtP] process itself I think is less clear (S7)*

Essentially, opportunities for learning about FtP without being involved in the FtP process were inconsistent between HEIs, with students reporting different degrees of formal instruction about FtP.

S5: *Probably mentors, lecturers, uni, and then read up on articles I've come across.*  
S2: *Through our professionalism course, so there's always a lot about the code... but that's your theory, and then when you're on placement you kind of understand it a bit more.*

Students' formal teaching about FtP processes appeared to focus on FtP as punitive, rather than either reinforcing to students that they are fit to practise most of the time, or that learning to manage their fitness to practise (including addressing issues), is a part of their professional development.

*"It was explained basically... any inappropriate pictures on social media, any inappropriate language, you will be pulled up on... these are the rules" (S17)*

The data from the students are in contrast to those of the HEIs (Haycock-Stuart et al. 2014) where HEI representatives identified that FtP is not wholly a punitive process, but also a learning process. The data suggests this learning aspect of FtP has still to be conveyed to and understood by many students. The data suggest there is a need for HEIs to better inform students about FtP.

#### 5.2.1.1 Learning About FtP Processes as a Nursing Mentor

HEI representatives interviewed by Haycock-Stuart et al. (2014) argued that there was a lack of understanding about pre-registration FtP processes among nursing mentors, and in the present study it is noticeable that the mentors in this study had little to say about exactly how they had learned about FtP processes for pre-registration nursing students. Generally this kind of learning seemed to depend on information distributed by the HEIs. Mentors identified the difficulty of working with students from different HEIs, each of which has different learning environment assessments, practice liaison schemes, and FtP processes, and also expressed annoyance at how frequently some HEIs changed their processes of assessment:

*"[HEI] have a nice way of changing the [placement assessment] every 5 minutes, and you're looking at a book going 'how have I got time to go through all of this?'... Then you're going through the book and thinking 'what's this, when did this appear?', and then you're filling in something and you did the same thing ten pages back. I think clearer guidelines for us would be really helpful" (M9)*

Many of the mentors in the sample had experience of dealing with concerns over students' FtP, and they reported that FtP processes were of variable quality, with some HEIs communicating well with mentors about FtP processes and outcomes whilst mentors experienced other HEIs as distant from the practice areas, and failing to provide mentors with adequate guidance on FtP processes.

#### 5.2.2 Personal Experiences of FtP

While on their placements, some students had met or heard about practitioners who had been involved in FtP processes. This could be an inspiring example for students, (for example, learning about a practitioner who had coped with a health problem), or it function as a warning (for example, learning about a practitioner who had attended an NMC hearing). Students seemed to find stories about FtP cases powerful and worrying, and there was a sense that they did not fully understand how and why a practitioner might be subject to an FtP investigation.

*"You just need to go on the NMC website and see why people are getting called up to fitness to practise hearings, and some of it is terrifyingly scary, that a lot of people wouldn't think a second about... it's very interesting to find out why people are getting called up... it could be one mistake and that's you" (S4)*

Within the sample there were three students who volunteered information that they had experienced FtP related issues during their programme. One had attended an early-stage FtP meeting after an isolated incident of misconduct, another had withdrawn from the nursing programme due to a health condition, while the third had experienced health problems, but had remained on the nursing programme. Each of these students had given considerable thought to FtP, and their experiences had made FtP 'real' to them in a way it had not been before.

*"I always thought of it as just a routine kind of thing until I actually had to use the process... as long as you're fine then it's fine essentially. Until I wasn't fine, and then I thought actually what does this mean?" (S9)*



At the same time, although the student might engage more with the idea of FtP, it seemed that experiencing an FtP related problem did not mean that the student necessarily had a better understanding of FtP processes. The two students with health conditions had not been through a formal FtP process, although for the student who withdrew from the programme the personal tutor had discussed the student's fitness to practise with the student.

The student (S7) who had been to an early-stage FtP meeting had a slightly better understanding, and described how perceptions of FtP processes had changed for them personally, from initial fear and assuming the worst, to understanding that the process could be about learning from a mistake. However, this participant reflected that another student who was going through FtP processes was having a similar experience and described the perceived emotional strain of the process for that student:

*"I can see that the other student who was going through the process was feeling exactly like I felt, that they were going to be kicked off the course and it's awful. And a lot of the time looking at that I can see well, perhaps there's not much reason to feel that way, but I think in the student's mind you do come to the worst conclusion... And so it's very traumatic for students" (S7)*

There was a reoccurring fear in the students' accounts of having their livelihoods removed from them before they had managed to qualify. Almost all the students worried that FtP processes would result in them being removed from the programme rather than the process supporting them to work towards professionalism.

### 5.2.3 Declaring Good Health and Good Character

In learning about FtP, one of the most significant moments for students was when they made their declaration of good health and good character, and this confirms Haycock-Stuart et al.'s (2014) original finding that HEIs regarded the making of the declaration as a useful opportunity to remind students of the importance of FtP.

The first time the students were asked to consider this declaration is an important moment in raising students' awareness of FtP as one student explains here:

*"It brought it to the front of my mind that I have certain values and certain standards I have to uphold" (S7)*

But signing the declaration could also be confusing and worrying for new students, who didn't properly understand the parameters of FtP.

*"When I was 16 I didn't pay a phone bill, and I remember signing it and saying to someone beside me 'I'm in debt, does that matter?'... It was really scary" (S5)*

One student suggested that there could be more opportunity for students to explore the question of whether they are in 'good health' in more depth:

*"Maybe it would be better to ask questions like 'do you suffer from any of these conditions?' and then suggest you get a second opinion. Rather than just saying yes I am fit, or no I'm not fit. No one's going to say 'no I'm not fit' do they? Nobody signs that and says 'no I'm not fit'" (S15)*

The extent and ways in which the declaration of good health and good character were explained to the students varied, as in the discussion below where students reflect on experiences in two different HEIs. For the first student the declaration was a bureaucratic exercise, associated with 'doing something wrong', while for the second there was the opportunity for a one-to-one discussion which not only allowed complex personal circumstances to be addressed, but also reinforced the significance of making the declaration.

S3: *I can't remember it being made a big deal of. They just basically said 'you need to sign this that you're of good health and good character. You need to tell us if you get a speeding fine, or you get pulled in by the police'. I just signed it, not thinking much of it. It wasn't till I'd gone further through the course, and you have to sign it every year that I thought more about it, what the implications of it were.*

S2: *I think ours was said in a lecture, at the very beginning it was introduced that this would be happening. But then you signed it with your personal tutor, you had time to go over it, and personally go into it all. Which I think was quite good, because you didn't really understand what it was, and certain things like saying you're getting your Hep B, but I couldn't get mine. And in a big class you wouldn't have wanted to go into that, but because you're with one person you could go into it more, and you could write it, and sign it but with notes on... To all of us it made it seem important.*

The students' data indicate that some HEIs better prepared them for understanding about their own FtP from very early in the programme, whilst other HEIs expected the students to gain an understanding through their own research and experience with limited formal discussion or teaching.

#### 5.2.3.1 Conceptualising 'Good Health'

For students, signing the declaration of good health and good character raised the question of how to define what constitutes 'good health':

*"It's quite a statement I think, to be like 'yes I'm of good health and good character, but oh yes I'm just having a my blood pressure investigated... because that's what everyone in nursing says "oh I'm fine, I'm better than the patients, so I'm fine'" (S1)*

Ambiguity around what exactly constitutes 'good health' could mean that signing the declaration was stressful and confusing for students:

*"Good character, as a term I think it's quite good, but I remember with the good health one I remember we all got really confused, because someone's got asthma, and someone's got this... I think the good health needs more explaining, from when you're first introduced to it... because I do remember a lot of extremely stressed people" (S2)*

Several students identified that good health and good character are overlapping qualities, and that health was not only about the existence of a condition, but also about how an individual manages their condition (see Section 5.3.2 for further discussion of this).

While students discussed 'good health' as a complex concept, for mentors, 'health' was more about the practicalities of supporting students in placement areas, and we will return to this in Section 6.1.

*"There seems to be a lot of [students] with physical and mental health problems... and when they go out on placement they're not equipped for it, so they're ending up having to leave placement, that seems to be quite a major one at the moment" (M18)*

For both mentors and students clarification by HEIs of what constitutes good health would be helpful. Sin and Fong (2008) have argued that the concept of 'good health' is inherently ambiguous, and that there is a lack of clear guidance on how to determine good health. The findings of this study support Sin and Fong's (2008) argument, that there is a lack of clarity about the concept, and also identify the emotional burden which this places on students, and the implications that this has for the support of students with health conditions (see Section 6.1 for further discussion of this).

#### 5.2.3.2 Conceptualising 'Good Character'

*"Good character I'd say your attitudes and your beliefs and your personality. To achieve good character I'd say you have to be a kind person, and a good person... the values I suppose you'd expect from all nurses" (S13)*

Sellman (2007) has problematised the issue of evaluating 'good character' as an internal and dispositional quality. In the present study both mentors and students also problematised the evaluation of 'good character' and the qualities which form 'good character'. Participants identified important elements as including: personal values, core beliefs and personality traits. The qualities of kindness and compassion were identified as important for nurses, and motivation, vocation, and 'wanting to be there' were also identified as important:

*"Because nursing's a vocation, it's not a qualification... it's a vocation, that's the main thing" (M5)*

Mentors valued students' interpersonal skills, empathy and the ability to form helping relationships as this mentor reflected on a student she had concerns about FtP:

*"The [student] was very knowledgeable, her skill, her level of dexterity was good, but her ability to empathise with patients, and to communicate with patients, and engage with them in any kind of meaningful conversation was absent" (M15)*

Conceptualisations of good character often entail assuming that character is composed of fixed character traits (Sellman, 2007), and this is an assumption which seemed to be widespread among the participants. While there was some discussion around character traits which could be developed, and traits which were seen as unchangeable or fundamental, generally good character was seen as a fixed quality:

*S10: You have to come in with confidence [as a core value].*

*S14: I think that's one of the values you can develop... I do think confidence can be built upon.*

The conceptualisation of good character as fixed and inherent meant that it was not framed in terms of development or learning, and this raises questions over how issues of character are thereby managed within the context of FtP. As this student suggests:

*"Some people just aren't caring" (S16)*

Both mentors and student recognised and valued FtP as important for protecting the public. However, when aspects of character are perceived as fixed traits this poses challenges about how learning through professional programmes can support a developmental approach to this aspect of FtP.

### 5.3 Self-Awareness and Personal Responsibility

For the students, an important aspect of FtP centred on their personal responsibility to maintain their FtP, and being 'self-aware' and 'responsible' was closely connected to being of 'good character'. Taking personal responsibility for one's FtP included issues such as the management of a health condition:

*"If you've got diabetes and you refuse to control it, that could have implications for your practise. If first thing in the morning you're not eating, you're not controlling your own body, you can't really look after patients properly. But that's more your character than your health" (P2)*

The concern the student is alluding to here is that having a health issue such as diabetes is a health matter, but will not necessarily impact on a health professional's ability to undertake nursing work if they approach *controlling* their diabetes-which it is suggested to be more of a character issue as to whether an individual will choose to act responsibly, not just for their own health, but for the safety of patients in their care. However, constructing *managing* ones health as a 'character' issue here raises questions about how to 'change' or influence a student's approach to their health given that 'character' is often perceived by some as unlikely to be amenable to change or development.

Personal responsibility also meant understanding the relationship between FtP and private life. The students clearly associated FtP with private life, and understood their position as repositories of public trust. Issues such as driving offences, illegal activities, and the use of social media were identified as being examples of the interaction between FtP and private life.

*"Social media's a big one at the moment, this is getting drilled into us" (S12)*

There was a general understanding that actions in private life might have an impact on students' FtP, but there was also some debate about where the line should be drawn, and the importance of being able to have times of being 'off duty'.

*"I think you can still have an outside life, but it's down to how you conduct yourself when you're outside work... I don't think it's fair that people might take it you can't go out and enjoy yourself. Everybody needs to go out and let their hair down... you know how people, when you're a nurse, put you on a pedestal and think "oh you're not allowed to do that"" (S11)*

For some students maintaining FtP was not only about taking personal responsibility and being self-aware, but also about personal resources, both in terms of resources which supported students in maintaining FtP, but also in terms of the depletion of personal resources through burnout and exhaustion. There were some concerning accounts of students working extremely long hours by working the required clinical hours of their programme and then extra shifts in other employment to have more income, raising questions as to the impact of certain working patterns on students' FtP:

*"I worked the same shifts as my mentor, which was fine but it meant I did six twelve hour shifts in seven days, and some were days and some were nights... It was fine, I got through it" (S1)*

*"We need to go to placement, work our own jobs. We don't have great fitness to practise after all that, cos I am knackered after that trimester. Seven days a week killed me, and exams... Five days a week, Monday to Friday you need to work, if you're on community... Then on a Saturday Sunday I need to do two shifts... then I've got an exam coming up in two weeks, I've got an essay in three weeks. So I'm getting in at six o'clock at night, I'm trying to write an essay... It's a fourteen hour shift that I'm doing on a Saturday. It's impossible, because I need to pay my rent" (S5)*

For students, learning to be self-aware, and take personal responsibility for their FtP were important elements of their professional development. However, there was also a strong feeling that students required the support of others and certain basic resources (time, money) in order to maintain their FtP, and there is perhaps not enough recognition of the kinds of difficulties which students face. All the mentors who took part in this study were keen to support students, and recognised how events in students' private lives could impact on their ability to be in placement, but this was seen as a difficult issue for the mentor to address, in part because mentors did not always manage to establish a confiding relationship with a student in the short time period of a placement:

*"There was one student who had issues with her boyfriend, and didn't enjoy the placement at all. It was totally to do with home circumstances. Now she wasn't fit to practise, but she was going through a very difficult time... there's a funny line between how emotionally able are they to be there at that time?" (M2)*

There was recognition by both students and mentors that a student's FtP could vary at different points in their programme due to a variety of issues, but that it is the responsibility of the student to be self-aware and declare issues which might impact on their FtP. However, both students and mentors recognised the challenges of reporting concerns about FtP.

## 5.4 The Benefits and Importance of FtP

There was widespread agreement amongst students and mentors that FtP is important, and is associated with protection of the public as these students explain:

*"I just felt that [FtP] was my duty of care... something that I felt was important" (S1)*

*"It safeguards patients. The public will expect- just that it safeguards the patients. That we are regulated and if we do do something wrong that there will be a consequence" (S6)*

Both students and mentors made the point that nurses work *with people* not things, and that it is because of this interpersonal work that nurses and nursing students must be fit to practise. In this way FtP was connected to 'protection of the public', although the participants did not use this term when discussing FtP:

*"I think the reason why we're so passionate about [FtP] is because we're dealing with people's lives. You're inviting them into intimate situations. You're going into people's house. They're listening to really confidential, intimate stuff about people's families and*

*things, and we're having to deal with students... That's why we're so passionate to make sure that [students] are coming through the door with the right attitude" (M4)*

Despite seeing FtP as important, in the sample as a whole there was little sense that FtP supports practice, and only one student focus group discussed FtP processes as supporting them as nursing students. This group highlighted how knowing about the importance of FtP and the NMC code could be helpful when facing difficult issues in practice, for example, if they were asked to work beyond their level of knowledge and skills:

*"I think fitness to practice (when you're on placement particularly) that in itself gives you a bit of support. If you're told to do something... it gives you bit of back-up to say "actually I don't feel comfortable to do it, it's not within my boundaries". And you could go through it from a bit of paper... well no it's against that". So that in itself gives you support if you were put in that situation with someone... it gives you a reason of why you're not doing something, or why you are doing something" (S2)*

*"If say you were said 'oh we're really busy, can you give out the drugs then I'll go back and check them'. You can say 'well no, you didn't physically see me give out the drugs, and this is what the NMC say'" (S6)*

Only one group of students alluded to the NMC code of conduct in the discussions about FtP. Whilst the revised NMC code (2015) is for registered nurses, there is merit in HEIs drawing attention to students the relevance of the NMC code throughout the pre-registration nursing programme in respect of fitness to practise and whistle blowing which was also an area where students expressed uncertainty and is considered in section 6.2.2.

## 6 Assessing and Evaluating FtP

Both mentors and students highlighted the complexity of evaluating an individual's FtP. Students were concerned with the difficulty of assessing character, and with the relationship between what both mentors and students saw as core personality traits, and observable behaviour. As this student explains the challenge:

*"You can't judge someone... look at these people who are living next to a serial murderer for God knows how long... somebody could come across as the nicest, sweetest flower in the bunch, but deep down they could be a really bad rotten egg, and at one point in their career they could just flip. I don't think there's any way to judge anyone to 100 percent, it's impossible. You either need to wait until something happens, or you never know... Unless they've actually done something, you're never going to know" (S4)*

Mentors also problematized the evaluation of individual students' FtP, and considered how other factors might influence an assessment such as the relationship between the mentor and student, or the placement context. In the extract below, one mentor considers how the perception of FtP may be influenced by the student's affinity for a particular clinical area:

*"I suppose fitness to practise is a funny one because it depends. Fitness to practise for what? Because maybe there are some people who aren't so good in a ward, like I've had students who don't cope in a high pressure area, but they are very good... they're fit to practise, but in certain areas.... When it's fitness to practise you're only assessing them in that one area" (M1)*

As the mentor is alluding to above, there are some challenges for some students to be competent of fit to practise for a variety of which might be health related or due to personal reasons in some clinical areas, but they may well be able to work in a different environment. Here competency, and thereby FtP, is framed as context-dependent, and the effect of context was also a key issue in discussions in respect of students working with health conditions.

## 6.1 Disability Discrimination

*"Disability: it's the elephant in the room, no one wants to talk about it" (M16)*

The data from this study suggest that there is a degree of ignorance, uncertainty and discriminatory attitudes present among both nursing students and mentors in respect of aspects of health in nursing students. This finding builds on the evidence uncovered by the Disability Rights Commission (2007): that there are instances of HEIs discriminating against students with health conditions.

The participants in this study did articulate positive attitudes towards disability and individuals with health conditions, as in this comment:

*"I've worked with a nurse who [had a disability] ... but she was working in [clinical area] and coped amazingly well and was fit for practice... So it's not to say that people who have a disability or whatever are not fit to practise, and I guess it would be different for different people, maybe somebody who has the same condition or whoever may not be fit to practise because they can't adapt. So it depends very much on the individual as well" (M1)*

At the same time, there were also some concerning attitudes towards disability, and although these were mainly present in the mentors' data, there was evidence of discriminatory attitudes among students as in this exchange:

<i>Interviewer:</i>	<i>For example, a nursing student who is taking anti-depressants, does that compromise their fitness to practise?</i>
<i>S10:</i>	<i>I would say so, because you have to be physically fit and mentally fit</i>
<i>S15:</i>	<i>I would say they are probably better nurses than any of us... they have more understanding of what it's like to be the patient in the bed.</i>
<i>S10:</i>	<i>But they might go crazy, you never know, they might go crazy when they're trying to treat a patient...</i>
<i>S15:</i>	<i>That's a terrible perception.</i>
<i>S13:</i>	<i>People with depression don't go crazy.</i>

In this case the focus group format allowed other students to challenge their colleague's perception of people with depression, and to articulate more positive attitudes, however the opinions expressed by S10 highlight a degree of ignorance about disability rights which appeared to be present among some of the students.

For mentors, disability, the making of reasonable adjustments, and the support of individuals with health conditions, was seen as a complex and sensitive area, and mentors highlighted the difficulty of addressing the sensitive area of disability and the making of reasonable adjustments, and the balancing of the needs of students and the placement areas:

## Students' and Mentors' Understandings of Fitness to Practise Processes in Pre-Registration Nursing Programmes in Scotland

*We have students with diabetes, epilepsy, narcolepsy... the universities keep saying the students have a legal right, they don't have to tell the placement. But if you have a student with brittle diabetes, or epilepsy, and they have a hypo or a seizure, and the charge nurse doesn't know about it, how are the ward supposed to manage that? (M16)*

There is evidence that practice want to be able to support students with health conditions, and that there is a willingness to accommodate students. However, there is also evidence of discriminatory attitudes among mentors. Some mentors seemed to find it difficult to imagine how reasonable adjustments could be made for students with health conditions, or to accommodate students who might be temporarily struggling to manage a health condition, and one mentor described an incident where the staff team as a whole acted in a way which while well-intentioned, is unethical:

*"We thought [a student] was deaf because [the student] wasn't listening to us when we would talk to him/her, or you would turn away, s/he wouldn't actually do what you'd asked... And [the mentor] spoke to [the student] about it and s/he said there wasn't an issue at all...*

*So... the charge nurse said 'when we go for our cup of tea I'm going to pull the arrest buzzer. I don't want anybody to react, and I want to see if [the student] does anything.' And we all went for our cup of tea, we all sat down, and [the charge nurse] pulled the arrest buzzer, and [the student] didn't flinch... I don't know what happened, because obviously the university got involved, and [the student] didn't come back, s/he just went off sick" (M2)*

One student (S9) in the sample reported directly experiencing discrimination. This occurred when a member of academic staff talked to another student about S9's health condition, and later when the making of reasonable adjustments was obstructed:

*"My personal tutor [was open to making reasonable adjustments], a couple of the lecturers who I get on with really well, absolutely. The person who I mentioned who broke confidentiality: absolutely not. It felt very much like [the lecturer] wasn't willing to move the boundaries at all to accommodate something different. Because I went to occupational health I said 'it would be really good if the ward knew that me sitting down, isn't laziness or-'. You know what it's like when you're a student nurse, if you sit down then you automatically get judged. ... So [the lecturer] then got sent the occupational health things and said 'this is all bonkers, it's not possible... obviously we logistically can inform the ward, but it's not appropriate for you to be sitting down'... This is literally institutional discrimination" (S9)*

Although only one participant had experienced direct discrimination, other students reported experiencing felt-stigma with regard to health conditions, with consequences for how they might choose to disclose or manage a health condition.

*"If someone had said 'fitness to practise' to me at that point, then I would have broken down and thought they were throwing me off. And then I think I would have pushed myself to go back to placement sooner than I was ready to" (S8)*

Devereux et al. (2012) have investigated why students may conceal a health condition, and found that this was mainly due to fear of discrimination. It seems reasonable to suggest that the degree of anxiety about FtP, and felt stigma associated with health conditions, which have been identified in the present study may inhibit students from disclosing health conditions to



the mentor and/or the placement area. While students did not discuss this at all, several of the mentors identified the non-disclosure of health conditions as an issue:

*"Nobody discloses anything to you. You've got your university tick sheet thing when they're coming in to placement, but I've never had anybody mention anything about their health" (M6)*

One mentor argued that by disclosing health conditions students were simply meeting the same conditions as members of staff. This mentor observed that where students disclosed a health condition to the placement area there was a much more positive outcome, and that problems tended to arise where students concealed health conditions:

*"If [students] are up front and honest about it, things can be put in place, and it's generally fine, and people can support that. It's [students] that don't let anyone know. So we can say to students 'you need to go out and say you've got diabetes' but if they choose not to say it, that's when it becomes a difficulty for the placement, because they don't know what they're trying to deal with, and they don't know what they're trying to support... Certainly anyone who's been up front about it, there's never been an issue... I think [students] just hold it back because they think it's going to disadvantage them, but actually it's quite the opposite" (M18)*

None of the students reported having concealed a health condition from either their HEI or from a placement area. However some students did discuss the difficulties of asking placement areas for support with a health condition, and a number of the students identified aspects of the student experience which might make it particularly difficult for students to feel comfortable or confident about disclosing a health condition, such as the challenge of continually entering new environments and building rapport with new colleagues.

The findings of this study suggest that there is an important question to be asked around whether health requirements for students are more stringent than for registered nurses. In order to register as a nurse, students must achieve the required competencies, but do not have to be able to work in all areas of practice, and registered nurses can choose whether or not to work in certain areas (NMC 2010). In practice, however, there seems to be an expectation that a student must manage their health condition in each specific placement area with little consideration given to the appropriateness of the area for the student.

*"I think fitness to practise as a student, it feels like 'are you fit to practise anywhere ever?' Whereas I expect when I start nursing, or if I was in [an area] and they said 'are you fit to practise?'... It would be are you actually equipped to be one-to-one with that patient?... I think it is a difficult thing for student nurses, because we haven't chosen a discipline yet... And it is very difficult to know, because what's expected of you is very different depending on your placement, depending on your mentor." (S8)*

The findings indicate that FtP is a contested concept for many students and mentors and that there are distinct challenges for student nurses who change several learning environments as opposed to when nurses become registered and can choose their place of work and remain there.

The data from this study suggest that there is a degree of discriminatory attitude present among both nursing students and mentors, and that consequently all those involved in the education of nursing students must prioritise addressing issues around disability rights and

discrimination. The issues raised in this section around disclosure of health conditions and concerns over students' health conditions lead on to the identification of a theme in respect of identifying and raising concerns.

## 6.2 FtP Processes: Identifying and raising concerns

Mentors and students discussed identifying and raising concerns about FtP from two different perspectives. For the mentors, raising concerns was about identifying students' FtP issues and communicating with HEIs, while for students raising concerns was about observing FtP issues in other practitioners and acting as whistle-blowers.

### 6.2.1 The Mentor Perspective

Several mentors identified a 'failure to fail' students as an issue, with students being allowed to progress to a senior position before concerns about their FtP are formally raised and addressed.

*"We've all had it where we've had a student and you think... how on earth did they get to this point with no one raising concern about this or this?" (M1)*

The mentors identified three key reasons for finding it difficult to raise concerns about students: perceived seriousness; viewing the student as a learner; unhelpful HEI processes.

#### 1. Perceived Seriousness

Mentors viewed FtP processes as very serious and there was a consequent anxiety about raising a concern.

*"I think it's such a daunting prospect. Nobody wants to be the one to go to somebody's university and say 'I have concerns about one of your students'. Nobody wants to be that person." (M13)*

The perceived seriousness of FtP processes meant that mentors found it difficult to raise more minor or ambiguous concerns.

*"I've mentored students who've been lazy, who've been not punctual, come in looking dishevelled, but it's quite hard to fail somebody on that. It's easier to fail somebody on "you've got that SEWS<sup>2</sup> score wrong, you've done a drug error, I've asked you to do this and you've not done it"... It's really difficult to broach, and then fail somebody to say "you've got a bad attitude" (M2)*

#### 2. Viewing the Student as a Learner

The view of the student as learner seems to mean that sometimes mentors are less likely to report FtP concerns, in the hope that the student will overcome these problems as they learn and develop. FtP issues are consequently overlooked in the early stages of the nursing programme:

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<sup>2</sup> Standardised Early Warning Score

*"Quite often students are being allowed to get to quite a late stage in their training before somebody raises an issue, and you think how have they got to their final placement before somebody raises an issue? And it's almost as if there's a sense of security of well, they're in their first placement, or they're only in second year, so maybe they'll be okay, and at the next placement if there's still a problem they'll bring it up. Everybody thinks the next person- they'll have time to develop, or the next person will bring it up" (M13)*

### **3. Unhelpful HEI Processes**

Mentors observed that HEI FtP processes were of variable quality, and some mentors had experienced HEI processes as confusing, unhelpful, or actively obstructive, when trying to address concerns about a student's practice. As we have already discussed in Section 5.2, time was an important issue here, and mentors reflected that it could be difficult to identify a concern and then engage with HEI FtP processes within the time period of the placement.

*"I took it up with the university, but unfortunately the thing was, it all kind of manifested in the last couple of weeks, so they basically said because I hadn't put the concern in early enough I couldn't really do it at the end, but I could speak to them" (M4)*

One mentor discussed her concern about a current student's interpersonal skills, and general understanding of the profession, but found it difficult to justify either officially raising a concern about this student, or assessing the student as having failed the placement.

*"When you do identify [an FtP concern], like this current [student] that I've got is only semester 2, how long do you let that go?... As far as I'm concerned if [this student] was sitting in an [university entrance] interview [s/he] wouldn't be going any further" (M4)*

This mentor felt that she would have been better able to raise her concerns in an informal conversation with an HEI representative, rather than through the formal placement assessment. As there was no opportunity for an informal conversation she predicted that she would pass the student in the hope that his practice would be properly supervised by future mentors.

One mentor reported experiencing an HEI as deliberately obfuscating any discussion about a student's FtP problem, and failing to support the placement area in making a difficult decision about whether to pass this final year student:

*"I found the process quite impenetrable...the level of support for practice I found quite disappointing... [The HEI] weren't open about their processes... they were quite dismissive of [the incident] when if it had been a member of staff they would have been quite heavily disciplined... [the staff team] felt we were being a bit duped... [The HEI] really blocked a lot 'you don't need to know that', and fine, I don't need to know, but we needed to know what to do with the student" (M18)*

This mentor went on to explain that the communication problems with the HEI could have had serious consequences for the student in question.

*"We did end up passing her, but we almost didn't... because of [the HEI's] reluctance to be open with us. Which wasn't good, because we then started reflecting that we weren't being fair to the student because we were annoyed with [the HEI]. Which was a shame for [the student] because [the student's] outcome could have been bad because [the HEI] were being difficult, I mean just ridiculously difficult" (M18)*

This account demonstrates the importance of understanding the HEI-Student-Mentor relationship as a triad. One of the major issues raised by mentors was around the difficulty of communicating with some HEIs about FtP concerns, and the need for clearer lines of communication which would allow mentors to discuss concerns informally, as well as receiving appropriate feedback when a concern had been raised.

## 6.2.2 The Student Perspective

In contrast to mentors, students discussed the raising of concerns largely in terms of being whistle-blowers (although this term was only used by one of the focus groups).

Several students in different groups and interviews described instances of observing other practitioners who they felt were not fit to practice. However students were concerned about the difficulties they could experience around raising concerns about other practitioners' FtP. In some instances catastrophic thinking about FtP processes meant that students saw reporting another practitioner as an extreme thing to do, and something that might destroy an individual's career. However, more often, students were afraid to raise a concern because they felt that they might be victimised as a consequence. As in the discussions around health and disability, students expressed a strong sense of vulnerability with regard to their position in clinical areas:

*"I wouldn't say I'd be comfortable with [raising concerns about FtP of other practitioners]. I would if I thought that anyone was putting other people at risk of harm or being neglectful, then I would use the fitness to practise flowchart that we have at university, but there's things that I just... I know this sounds bad, but if you can afford to just let it go, if it's not too big an issue then I probably will. Because when you speak up on placement it often goes quite badly, it's quite a negative experience for you as a student, and I would be afraid that I would be mistreated if I did so." (S7)*

Although students were concerned about examples of poor practice, they also expressed a lot of compassion for other practitioners, and there was a strong sense that FtP should not only be about the individual practitioner, but that consideration should also be given to the organisational context.

*"Even if you see a nurse whose practice isn't what you'd like it to be, I'd like to think that it isn't because they're a bad nurse, it's because there's something going on in the system. Rather than saying this is a bad nurse who needs to be punished, it would be better just going and raising it as a cause for concern and seeing if there's something wrong in the system" (S7)*

Students also felt that at times individual practitioners might need extra help or support from others to maintain their FtP, and the importance of having supportive systems in place:

*"There needs to be a system in place which says 'okay, there's obviously something here that isn't making you practice very well. Obviously it's not that severe that you're actually hurting people but you are cutting corners'" (S15)*

*"If for a short period of time mental health did affect me in some way, I would like to think that... the support would be there from my employer, to help you through that phase, whether it's career break or whatever you need" (S12)*

Arguably there is a need for HEIs to consider how they can best support their students to feel confident in whistleblowing when it is appropriate. One student described how she had two experiences of trying to raise concerns about practice areas. On the first occasion she felt that the HEI ignored her concern. On the second occasion, when she witnessed an abusive incident towards a patient, she described how another student who was also present refused to support her witness statement:

*I was a witness to an event on placement where a patient [was abused] by two care assistants. I complained about it to the unit manager, and I put it in writing. There was another student in the room with me... and that student when I said to them 'look I've complained, I think you should say something too' maintained that they hadn't seen or heard anything... I told the university, I told my mentor. That to me was a huge issue about that student's fitness to practise... [the student] said 'no, I'll just keep my head down and finish the placement' " (S13)*

The focus for this study is to explore students' and mentor's understandings of fitness to practise (FtP) processes in pre-registration nursing programmes in Scotland, but a major theme arising from the study is the role which students play as the witnesses of others' practice.

This finding, that students lack the confidence to act as whistle-blowers, shows that further work needs to be undertaken with pre-registration students to raise awareness about the importance of whistleblowing, to explain their role as students, and to address impediments to raising concerns about practice. It is important that students fully understand how they can gain support with whistleblowing. The findings of this study are of particular significance when considered in the light of the recent publication of the independent review into whistleblowing (Francis, 2015). This is an issue which must be taken seriously by the HEIs. Whistleblowing should be addressed within the curriculum, and support mechanisms put in place for students who are concerned about events they have witnessed in practice.

## 7 Improving FtP Processes

*"You never hear someone 'oh you're really fit for practice, well done'. It's always like 'oh they're being done for fitness for practice, or they're not fit for practice' " (S8)*

One of the main findings of this study has been around the negative emotional loading of FtP and FtP processes. There is a general lack of understanding of FtP as something which can underpin the safety of practice and support students' learning, and as the student above observes, there is also a tendency to focus on fitness to practise in terms of deficit, rather than as a positive quality possessed by most students most of the time.

Participants in this study identified some key ways in which both understanding of FtP, and FtP processes, could be improved.

## 7.1 The Role of the HEI

*"At our first lecture about our [placement assessment] we were told 'you'd better not be coming to me about a cause for concern' by the lecturer who we go to for a cause for concern" (P14)*

HEIs have a dual role in teaching students about FtP, and communicating with mentors. As the student above observes, the way in which the HEI frames FtP (both in formal and informal teaching) is integral to the student's understanding of FtP. The HEI must teach the theoretical underpinnings of FtP, but also model good FtP processes and practices for students. The three participants in this study who had personal experience of FtP issues each identified that they learned about FtP through this process to some extent, and one suggested that it might be helpful for HEIs to use students' own experiences in teaching, in order to raise awareness about FtP and FtP processes:

*"Some examples of fitness to practise meetings that students have been through could be anonymised, and the students' thoughts on fitness to practise could be shared with the wider body of students. So you could see how it could happen to you... And then students would be a bit more conscious of their behaviour and the risks" (P7)*

This is a similar approach to that taken by Devereux et al. (2012), who developed an online information resource on FtP, which included personal accounts by students who had experienced FtP processes. However, some students in the present argued that they would find it most useful to learn about FtP in a workshop format, as this would allow students to explore the complexity of FtP through discussion with their peers.

Students also identified that while some support systems work well, in other cases HEIs could provide more support for students who are experiencing problems, and that an important element of this was providing students with opportunities to talk to a member of academic staff about problems or concerns.

For mentors, communication was also key, and being able to communicate easily and openly with the HEI was an essential component of managing students' FtP, particularly when mentors are time pressured and had little time to devote to pursuing FtP cases. Mentors reported that the quality of communication and HEI support could vary considerably:

*"At [HEI] because it's a much smaller intake, it's a more supportive institution, and they're easier to speak to, and they deal with things promptly. Whereas with other [HEIs] it can be more difficult to find the right person, and get it dealt with efficiently" (M13)*

*"[the HEI] ensured that the next placement was a strong mentor, who would address the cause for concern. So they changed the next placement, to make it an experienced mentor that would be able to address it, who had been identified as able to work with [students with FtP issues]" (M4)*

To summarise, both sets of participants identified communication as key to the process of managing FtP concerns, both in terms of educating and raising awareness about FtP, and giving individuals the opportunity to discuss FtP concerns in an informal context.

## 7.2 The Role of the Mentor

As we discussed in section 6.4, several mentors observed that it was difficult to raise a concern about FtP, and that some students were being permitted to progress through their programme despite FtP concerns. While the HEIs have clear responsibilities around the monitoring of students' FtP, and the provision of lines of communication with practice, there is also evidence that mentors need to re-think their understanding of FtP; to re-frame FtP as an integral part of students' learning processes, and to avoid catastrophic thinking about FtP processes:

*"I think that's the really difficult thing, it's about making staff aware that it's okay to raise a concern, you're not necessarily going to ruin that person's life, you're just looking for a way to support them. And I think if you have the guts to say to the person 'listen, here's the situation, I don't want you to go away and get really upset about it, because there's plenty that we can work with'. It's letting them know that it's not a me against you, or us and them, it's we'll help you through this, but this is what we need to do to get you there. Making it a two way thing rather than me just judging you." (M13)*

## 8 Conclusion

This study has addressed a key aspect of pre-registration nursing education and NMC monitoring processes: fitness to practise for pre-registration nursing students. We have explored the understandings of some of the key individuals involved in pre-registration fitness to practice, namely nursing students and mentors. This is an under-researched area, with little empirical published research either on FtP processes for pre-registration nursing students or on how students and mentors understand and engage with FtP processes. This timely project has identified some important issues around FtP processes for pre-registration nursing students, which are particularly pertinent in the light of current developments such as the publication of the Francis (2015) report into whistleblowing, and the General Medical Council consultation on FtP.

Between December 2014 and February 2015, this project was widely advertised in HEIs and health boards across Scotland. Despite some difficulties in recruiting participants we were able to collect data from 17 pre-registration nursing students and 18 mentors based in different parts of Scotland. A combination of focus groups and interviews were used to collect data, and this proved a useful method of collecting a range of perspectives, understandings and personal experiences of FtP processes.

Building upon the evidence base created by Haycock-Stuart et al. (2014), this project has identified three main areas of interest in nursing students' and mentors' understandings of FtP: *Conceptualising Fitness to Practise; Assessing and Evaluating FtP; and Improving FtP Processes*. Within these main areas we have identified six key issues:

### **1. Uncertainty and ambiguity about the concept of FtP, and FtP processes.**

Both students and mentors engaged with FtP as a complex concept, and understood the importance of FtP, but further discussion demonstrated that there is considerable uncertainty and ambiguity about what constitutes being fit to practise, and about the FtP processes of different HEIs. Learning about FtP was of variable quality, and could result in students

viewing FtP processes as wholly punitive. There is a clear need for HEIs to work on raising awareness and understanding of FtP and FtP processes among both nursing students and mentors.

**2. High levels of fear and anxiety associated with FtP processes.**

Both students and mentors expressed considerable anxiety and engaged in catastrophic thinking about FtP processes. Together with uncertainty about what FtP processes were, this contributed to a pervasive fear among students, and reluctance among mentors to raise concerns about a student's FtP. It seems that the high levels of fear and anxiety not only place a considerable emotional burden on all those involved, but are also likely to inhibit the identification and management of FtP concerns in a productive way. In the existing FtP literature there is some acknowledgement of anxiety surrounding FtP processes (cf. Devereux et al., 2012, Ellis et al., 2011), but the present study has uncovered an unexpected degree of widespread fear and anxiety, suggesting that this area would benefit from further inquiry.

**3. A lack of understanding of pre-registration FtP as supporting students' professional development.**

There was a lack of awareness among students and mentors of FtP as supporting pre-registration learning and professional development, and there was a focus on the punitive and disciplinary aspects of FtP processes. As with issue 2 (above), it seems likely that this understanding of FtP processes undermines the productive management of FtP concerns.

**4. Communication between HEIs, mentors, and students**

While there were examples of good practice in communication between HEIs, students and mentors, participants also identified some significant problems in this area. Both students and mentors emphasised the importance of being able to communicate effectively with their HEI, and for mentors, to also receive feedback from the HEI. Communication was particularly vital when mentors were trying to raise a concern about a student's FtP.

**5. Uncertainty about disability rights, discriminatory attitudes and lack of support for reasonable adjustments.**

While there were examples of positive attitudes towards students with a health condition, this study has also identified some worrying discriminatory attitudes, as well as ignorance about disability rights. The Disability Rights Commission (2007) have stipulated that applicants who have a health condition should not have to prove FtP to a higher degree than non-disabled applicants, and disability rights legislation requires organisations to make reasonable adjustments to accommodate individuals who have health conditions. However the degree of felt stigma identified in this study suggests that students lack awareness about their rights in this area, while mentors may lack understanding of their responsibilities. The Council for Healthcare Regulatory Excellence (2009) have argued that clarification of 'health' requirements is an essential part of reducing discrimination. The findings presented here describe a situation in which uncertainty about the concept of good health, accompanies ignorance about disability rights. These findings raise important questions around whether students with a health condition are properly supported, and whether HEIs and learning environments are taking adequate steps to make reasonable adjustments for students, particularly where there is minimal guidance available from the regulator (Sin and Fong, 2008).



**6. Students as the witnesses of others' practice.**

An unexpected finding from this project is around the role of students as the witnesses of others' practice. Many of the students recounted experiences of witnessing poor practice, but also expressed a lack of confidence about raising concerns or acting as whistle-blowers. These findings highlight a need for HEIs to educate students about the importance of whistleblowing and to put processes in place to support students who have concerns about events in their placement areas.

In conclusion, this study has uncovered some significant issues around how well nursing students and mentors understand pre-registration FtP processes, as well as important related issues around disability discrimination and the role of students as whistle-blowers. The fact that the study did not reach data saturation, as well as the lack of published research on this topic, suggests that this is an area which would benefit from further inquiry to explore in greater depth some of the important issues raised in this report; to create a more robust evidence base for pre-registration FtP processes; and to improve practices around the teaching of FtP and the implementation of FtP processes.

## Recommendations

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### **Recommendation 1      Re-Frame Pre-Registration FtP as a Learning Experience for Students**

HEIs should take action to re-frame the meaning of FtP from a perceived punitive process to a process with the potential to be supportive for nursing students. Reinforce to students that they are fit to practise the majority of the time, and reduce the negative emotional loading of FtP.

### **Recommendation 2      Facilitating Learning through Fitness to Practise Processes**

In order to encourage individuals to raise FtP concerns at an early stage, and make FtP processes a more productive learning experience for the student, HEIs may wish to consider developing a 'no-fault' method through which minor FtP concerns can be raised and addressed in a non-punitive way.

### **Recommendation 3      Improving Communication between Mentors and HEIs**

HEIs should ensure that there are clear lines of communication between mentors and academic members of staff. Issues to consider include: processes for mentors to discuss minor concerns with an HEI representative, how HEIs inform mentors about FtP procedures, and how the outcomes of FtP processes are communicated to mentors.

### **Recommendation 4      Reducing Discrimination and Stigma**

HEIs can reduce actual discrimination and felt stigma by working closely with students and learning environments to ensure that policy and processes for FtP and health are clear and well understood. Issues to consider include the concealment of health conditions due to fear of discrimination and the making of reasonable adjustments to support students in their placements. HEIs may wish to consider instituting formal teaching for both students and mentors to explain the legal framework of disability rights, and their own processes for addressing health concerns.

### **Recommendation 5      Improving Teaching about FtP**

HEIs should review their formal curriculum teaching about FtP, with a view to making improvements in students' and mentors' understandings of FtP processes in pre-registration nursing education.

## **Recommendation 6                      Reviewing Reasonable Adjustment Processes**

HEIs should review their processes for making reasonable adjustments to ensure that reasonable adjustments are being fully considered and implemented in line with disability rights legislation.

## **Recommendation 7                      Supporting Students as Whistle-blowers**

Evidence presented here shows that further work needs to be undertaken with pre-registration students to explain the importance of whistleblowing, their role as students, and to address impediments to raising concerns about practice, and how they can gain support with whistleblowing. In light of the findings of this study, and the recent publication of the independent review into whistleblowing (Francis, 2015), HEIs may wish to review their processes for supporting students as whistle-blowers.

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## Appendix 1

**Table 1 Student Participants Demographics**

<b>Age Range:</b>	
18-30	13
31-40	
41-50	3
51-60	
60+	
<b>Gender:</b>	
Female	13
Male	3
<b>Programme:</b>	
Adult Nursing	11
Mental Health Nursing	4
Learning Disabilities Nursing	
Children's Nursing	
Other, having withdrawn from nursing programme	1
<b>Year of Programme:</b>	
1st	1
2nd	10
3rd	2
4th	3
<b>Previous experience of working in healthcare?</b>	
Yes	8
No	8
<b>If yes, what kind of post? (circle all that apply)</b>	
Nursing assistant	3
Support worker	4
Domestic	1
Administrator	
Registered practitioner in a discipline other than nursing	
Other	2
<b>Any previous involvement in fitness to practise processes?</b>	
Yes	3
No	13
Number of participants who did not complete questionnaire:	1
<b>Total number of student participants:</b>	<b>17</b>

**Table 2      Mentors Participants Demographics**

<b>Age Range:</b>	
18-30	3
31-40	4
41-50	6
51-60	4
60+	0
<b>Gender:</b>	
Female	17
Male	1
<b>First Registration:</b>	
Adult Nursing	16
Mental Health Nursing	1
Learning Disabilities Nursing	1
Children's Nursing	0
<b>Number of years qualified:</b>	
1-5	2
6-10	3
11-15	2
16-20	4
21+	7
<b>Number of years as a mentor:</b>	
1-5	3
6-10	0
11-15	4
16-20	3
21+	6
<b>Number of students mentored:</b>	
1-5	3
6-10	1
11-15	1
16-20	0
21+	11
<b>Number of students referred for fitness to practise issues:</b>	
0	9
1	2
2	0
3	3
4	2
5-10	0
10+	0
Number of participants who did not complete the questionnaire:	2 incomplete
<b>Total number of mentor participants:</b>	<b>18</b>

## Appendix 2

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**Table 3      Analytic Themes: Comparing and Contrasting Student and Mentor Data**

<b>Students</b>	<b>Mentors</b>
Conceptualising FtP	Conceptualising FtP
Confusion, Uncertainty and Ambiguity	
A Multi-Dimensional Quality	A Multi-Dimensional Quality
Academic Work and Competence	Competence And Ethical Practice
Character and Core Values	Students' Character and Core Values
Personal Life	Students' Conduct and Personal Life
Health	Students' Health
Assessing and Evaluating FtP	Assessing And Evaluating Ftp
Observing Others' Practice	Identifying And Raising Concerns
Fear and Anxiety	
Disability Discrimination	
Self-Awareness and Personal Responsibility	
Stress, Burnout and Exhaustion	
	Developing FtP
	Placement as Context of Practice
Role of Mentor	Student-Mentor Relationship
Role of HEI	HEI and Nursing Programme